

03500.012127



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
: Examiner: L. T. Nguyen
HIROTO OKAWARA)
: Group Art Unit: 2612
Application No.: 08/877,728)
:
Filed: June 18, 1997)
:
For: IMAGE PICKUP APPARATUS) November 9, 2004

RECEIVED

NOV 10 2004

Technology Center 2600

MAIL STOP AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Official Action dated August 9, 2004, please amend the
above-identified application as follows:



In re Application of:

Docket No. 03500.012127

HIROTO OKAWARA

RECEIVED

Application No.: 08/877,728

NOV 10 2004

Examiner: L. T. Nguyen

Filed: June 18, 1997

Technology Center 2600

Group Art Unit: 2612

For: IMAGE PICKUP APPARATUS

Date: November 9, 2004

MAIL STOP AMENDMENT
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	41	MINUS	50	0	x \$9 \$18	0
INDEP. CLAIMS	7	MINUS	9	0	x \$44 \$88	0
Fee for Multiple Dependent claims \$150/300						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$____ is enclosed.

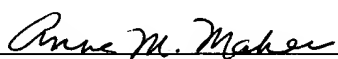
☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.

☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.

☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's attorney may be reached in our Washington, D.C., office by telephone at (202) 530-1010. All correspondence should be directed to our address below.



Attorney for Applicant
Anne M. Maher
Reg. No. 38,231

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